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## APPLICANTS

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*One* *PS*

## \*\* CONTINUING DATA \*\*\*\*\*

*None* *PS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

TAIWAN 092119889 07/18/2003

*One* *PS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>John H. Chang</i> <i>PS</i> Examiner's Signature Initials				

ADDRESS  
34335

## TITLE

Quasi-T shaped catheter for chemotherapy

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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